

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS359AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2010
NAME OF PROVIDER OR SUPPLIER M S J HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 4370 ADELPHI AVENUE LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 12/7/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of A. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category I residents. The census at the time of the survey was six. The following deficiencies were identified:	Y 000			
Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 This Regulation is not met as evidenced by: NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037) 1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702, the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005). Based on observation on 12/7/10, the administrator failed to ensure the most recent grading placard was displayed conspicuously in a public area. The facility had their A grade from the survey dated 12/4/09 posted, instead of the C grade from the survey dated 8/17/10. Severity: 2 Scope: 3	Y 050			
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less.	Y 251			

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Y 251	Continued From page 2 Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation and interviews on 12/7/10, the facility failed to ensure the refrigerated foods were kept at a temperature of 40 degrees or less, and frozen foods were kept at a temperature of 0 degrees or less. (The temperature in the refrigerator was 41.7 degrees and the freezer read 8.6 degrees). This was a repeat deficiency from the 8/17/10 State Licensure survey Severity: 2 Scope: 3	Y 251			
Y 870 SS=D	449.2742(1)(a)(1)(2)(b)(c) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the	Y 870			

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Y 876	Continued From page 4 This Regulation is not met as evidenced by: Based on record review on 12/7/10, the facility failed to ensure that an ultimate user agreement was obtained for 1 of 6 residents (Resident #4). This was a repeat deficiency from the 8/17/10 State Licensure survey Severity: 1 Scope: 1	Y 876			

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